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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/007,363 11/09/2001 ABN
 which claims benefit of 60/247,830 11/10/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 06/16/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
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Verified and Acknowledged _____
 Examiner's Signature _____ Initials _____

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TITLE
 PsiepsilonRACK peptide composition and method for protection against tissue damage due to ischemia

FILING FEE RECEIVED 618	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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